This document provides an overview of the Hill Country Alliance Night Sky Preservation Fund application form and its required fields. It is intended for reference only. All applications must be submitted through the official Applicant Form, available here.

2025 Hill Country Alliance Night Sky Preservation Fund – Applicant Form

Purpose: The Hill Country Alliance Night Sky Preservation Fund provides financial reimbursement assistance to local grassroots groups, organizations, communities, and institutions engaged in efforts to improve outdoor lighting and decrease light pollution within the Texas Hill Country.

Funding: Fund recipients will be reimbursed for hard costs up to $5,000 incurred over a 12-month period following the award date.

Information: Please refer to the Night Sky Fund webpage for cycle dates, deadlines, eligibility requirements, selection criteria, the distribution process, and more. https://www.hillcountryalliance.org/NightSkyFund

Note: For funding consideration, you must complete the entire application. Required fields are denoted with an asterisk. Please type out any acronyms.

CONTACT INFORMATION

Applicant Point of Contact*
Include a first name, last name, and any applicable titles.
Short answer text.

Mailing Address
Please include city, state, zip code, and any suite or building number.
Short answer text.

Email Address*
Short answer text.

Phone Number*
Short answer text.

ORGANIZATION INFORMATION

Eligible applicants include:

- Nonprofits with 501(c)(3) status
- Sole proprietorships
- Local governmental entities
- Small business (Independently owned and operated)

Applicant products or services must serve some or all counties listed below.

Bandera - Bexar - Blanco - Burnet - Comal - Edwards - Gillespie - Hays - Kendall - Kerr - Kimble - Kinney - Lampasas - Llano - Mason - Medina - Real - San Saba - Travis - Uvalde - Val Verde - Williamson

Organization*

Include any Also-Known-As (AKA) or Doing-Business-As (DBA) names if different from your organization name.

Short answer text.

Organization Purpose*

(250 characters maximum)

Long answer text.

Organization Service Area - By County*

select all that apply

- ☐ Bandera
- ☐ Bexar
- ☐ Blanco
- ☐ Burnet
- ☐ Comal
- ☐ Edwards
- ☐ Gillespie
- ☐ Hays
- ☐ Kendall
- ☐ Kerr
- ☐ Kimble
- ☐ Kinney
- ☐ Lampasas
- ☐ Llano
- ☐ Mason
- ☐ Medina
- ☐ Real
- ☐ San Saba
- ☐ Travis
- ☐ Uvalde
- ☐ Val Verde
- ☐ Williamson
- ☐ Other

If you answered "Other" in the field above, please note your "County/Counties" here.

Short answer text.

Organization Structure*

- ☐ Non-Profit
- ☐ Sole Proprietorship
- ☐ Local governmental entity
- ☐ Small Business
- ☐ Other

If you answered "Other" for the field above, please note your "Organization Structure" here.

Short answer text.

Organization Website

Short answer text.

Federal Tax I.D.

(if applicable)

Short answer text.

PROJECT INFORMATION

The main goal of the Hill Country Alliance Night Sky Preservation Fund is to support locally led work for night skies through:

- Improving outdoor lighting
- Reducing light pollution and its effects
- Decreasing energy usage, cost, and greenhouse gas emissions
- Supporting the development and growth of International Dark Sky Places
- Expanding education and advocacy

Project Name*

Short answer text.

Project Focus*

For further details regarding acceptable areas of project focus, refer to the Hill Country Alliance Night Sky Preservation Fund Guidelines

- ☐ International Dark Sky Place Application Support
- ☐ Night Sky Friendly Lighting
- ☐ Sky Quality Metering
- ☐ Education and Outreach Resources and Materials
- ☐ Other

If you answered "Other" in the field above, please note your project focus here.

Short answer text.

Project Summary*

Provide 2-3 sentences summarizing your project.

(250 characters maximum)

Long answer text.

Project Description*

Describe your project in detail, including project location (county, municipality, property). (i.e., If your project relates to the pursuit of an International Dark Sky Place designation, please include the name of the location and designation type, or if your project involves a lighting retrofit or installation, please provide the location of the project)

(500 characters maximum)

Long answer text.

Project Timeline*

Include your project start date, end date (actual or estimated), and any relevant dates of activity, events, goals, or milestones. Denote which of these would occur during the 12-month period should your project receive funding.

(500 characters maximum)

Long answer text.

Community or Audience Served*

Identify the community, audience, or demographic (e.g., historically underserved, educational) served by or that will benefit from your project. (You may list more than one.)

(250 characters maximum)

Long answer text.

Collaboration with Other Organizations/Entities*

Identify the other organizations, entities, and/or partners involved in the collaboration of this Project. If none, please enter N/A.

(250 characters maximum)

Long answer text.

Project Success*

Describe how you will evaluate the success of your project.

(500 characters maximum)

Long answer text.

FUNDING INFORMATION

This fund is for reimbursement of purchased items or services incurred over a 12-month period following the award date, associated with the project you have summarized above, adhering to the guidelines and criteria of this fund as outlined on the Fund Webpage and related to night sky preservation within the Texas Hill Country.

Fund Requested*

Please provide below, a clear breakdown of anticipated expenses for which you are requesting reimbursement. **Include the following details: Item Name, Item Description, Vendor, Cost Per Unit, # of Units, Item Amount, Applicable Notes.** *(e.g., Sky Quality Meter, Device for measuring the amount of light pollution in the night sky, $500, 2 qty., $1000, amount includes S&H + mounting materials)*

The total amount requested cannot exceed $5,000.

This fund cannot be used to cover salaries, administrative expenses, prizes, premiums, or similar costs.

Long answer text.

Other funding sources, amounts, and types. (e.g., matching funds, grants)
If none, please enter N/A.

Long answer text.

APPLICANT AUTHORIZATION

By typing your name below, you are providing your electronic signature, attesting to the accuracy of the information provided in this form, and confirming that you are authorized by your organization/group to submit this request on their behalf. *

Short answer text.